

SEP 26 2017

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: VASQUEZ RICHARD CHARLES
(Last) (First) (Middle Initial)Prisoner Number: 17030ZZ7Institutional Address: 885 N. SAN PEDRO STREET (PR)
SAN JOSE, CA. 95110

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

RICHARD CHARLES VASQUEZ CV 17 5561
(Enter your full name.)

vs.

1.) SANTA CLARA COUNTY SHERIFFS
2.) SAN JOSE POLICE DEPARTMENT

(Enter the full name(s) of the defendant(s) in this action.)

Case No. _____
(Provided by the clerk upon filing)COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C. § 1983

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.A. Place of present confinement SANTA CLARA COUNTY JAILB. Is there a grievance procedure in this institution? YES ☒ NO ☐C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: THIS IS A MEDICAL NEGLIGENCE
ISSUE, AND HAS NOW BECOME A DOCTOR(S)/NURSE(S)
NEGLIGENCE SITUATION. I'VE REQUESTED HELP

2. First formal level: THROUGH THEM, VIA WHITE
CARDS (MED. STAFF), GRIEVANCE THROUGH INSTITUTION
9-11-17, NOT RESOLVED

3. Second formal level: THEY GAVE ME INADEQUATE
AND SUPERFICIAL HELP THROUGH MEDICAL TEC.

4. Third formal level: I STILL HAVE NOT GOTTEN TO
SEE A DOCTOR FOR MY PAIN(S) OR CURRENT
AND ONGOING SUFFERING.

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ☐

F. If you did not present your claim for review through the grievance procedure, explain why.

THIS ISSUE IS NOT DIRECTLY RELATED TO MY
INCARCERATION SO IT IS NOT BEING PRIORITIZED
CORRECTLY, OR AT ALL.

II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

RICHARD CHARLES VASQUEZ, 7A-21/MAIN JAIL NORTH
885. N. FIRST ST. SAN JOSE, CA. 95110

B. For each defendant, provide full name, official position and place of employment.

1) MEDICAL STAFF/AT SANTA CLARA COUNTY CO.
MAIN JAIL NORTH, (SANTA CLARA COUNTY SHERIFFS
CUSTODY DIVISION.

2) OFFICER T. JONES / I.D. NO. 4330 SAN JOSE
POLICE DEPARTMENT

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved
3 and to include dates, when possible. Do not give any legal arguments or cite any cases or
4 statutes. If you have more than one claim, each claim should be set forth in a separate
5 numbered paragraph.

6 I WAS INVOLVED IN A TRAFFIC
7 ACCIDENT, (SEVERE) AND SUBSEQUENTLY
8 ARRESTED FOR A NON-RELATED WARRANT BY
9 THE SAN JOSE POLICE DEPARTMENT. I WAS
10 NOT SEEN FOR MY INJURIES, WHICH WERE
11 COMPOUNDED BY A PRIOR NON-RELATED ACCIDENT.
12 I'VE BEEN IN EXCRUCIATING PAIN EVER SINCE
13 AND HAVE NOT SEEN A DOCTOR, EVEN THOUGH I
14 HAVE REPEATEDLY ASKED THE MEDICAL STAFF HERE.

15
16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you
18 want the court to do for you. Do not make legal arguments and do not cite any cases or
19 statutes.

20 I BELIEVE I SHOULD BE PROVIDED
21 PROPER MEDICAL CARE. I ALSO FEEL I SHOULD
22 BE COMPENSATED FOR UNNECESSARY PAIN AND SUFFERING
23 ALSO FOR POSSIBLE IF NOT PROBABLE PERMANENT NECK
24 AND BACK PAIN DUE TO PHYSICAL TRAUMA AND NEGLECT.

25 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on: 9-14-2017

Date

Signature of Plaintiff